

FORM

1

State of  
Washington  
Department  
of Ecology

WASHINGTON STATE

## DANGEROUS WASTE PERMIT GENERAL INFORMATION

(Read "Form 1 Instructions" before starting)

I. EPA/STATE I.D. NUMBER 2-18-86

WA D 0 0 0 8 1 2 9 1

FILE COPY

## II. NAME OF FACILITY

CHEMICAL PROCESSORS INC

## III. FACILITY CONTACT

A. NAME &amp; TITLE (last, first, &amp; title)

STEFANI DENNIS MGR. REGULATORY AFFAIRS

B. PHONE (area code &amp; no.)

2 0 6 7 6 7 0 3

## IV. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

5501 AIRPORT WAY SOUTH

B. CITY OR TOWN

SEATTLE

C. STATE

D. ZIP CODE

WA 9 8 1 0 8

## V. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

PIER 91

B. COUNTY NAME

KING

C. CITY OR TOWN

SEATTLE

D. STATE

E. ZIP CODE

F. COUNTY CODE  
(if known)

WA 9 8 1 1 9

## IV. SIC CODES (4-digit, in order of priority)

A. FIRST

2 9 1 1

(specify)

OIL REPROCESSING

B. SECOND

C. THIRD

(specify)

D. FOURTH

(specify)

## VII. OPERATOR INFORMATION

A. NAME

CHEMICAL PROCESSORS INC

B. Is the name listed  
Item VII-A also the  
owner?☐ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL  
S = STATE  
P = PRIVATEM = PUBLIC (other than federal or state)  
O = OTHER (specify)

P

(specify)

D. PHONE (area code &amp; no.)

2 0 6 7 6 7 0 3 5 0

E. STREET OR P.O. BOX

5501 AIRPORT WAY SOUTH

F. CITY OR TOWN

SEATTLE

G. STATE

H. ZIP CODE

WA 9 8 1 0 8

## VIII. INDIAN LAND

Is the facility located on Indian lands?

☐ YES☒ NO

COMPLETE BACK PAGE

RECEIVED

JUL 21 1986

WASTE MANAGEMENT BRANCH

ECY 030-31

ECL 4 -279-

USEPA RCRA



3012911

**IX. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**X. NATURE OF BUSINESS (provide a brief description)**

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, reusable oil is reclaimed by separating the impurities. Liquid wastes containing low concentrations of heavy metals and/or low concentrations of hazardous wastes are treated to remove the contaminants or render the liquids non-hazardous.

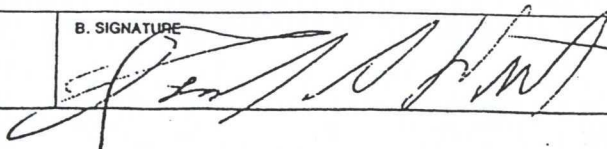
Pier 91 is a storage, blending and marketing facility of used oil fuel and hazardous waste fuel.

**XI. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**A. NAME & OFFICIAL TITLE (type or print)**

Ronald S. West, President

**B. SIGNATURE****C. DATE SIGNED**

2/18/86



3

## DANGEROUS WASTE PERMIT APPLICATION

I. EPA / STATE I.D. NUMBER

WA D 0 0 0 8 1 2

## FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (mo., day & yr.)	COMMENTS

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. Is your first application and you already know your facility's EPA / STATE I.D. Number, or if this is a revised application, enter your facility's EPA / STATE I.D. Number in Section I.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

MO	DAY	YR

FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below)

MO	DAY	YR

FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN

## B. REVISED APPLICATION (place an "X" below and complete Section I above)

☒ 1. FACILITY HAS AN INTERIM STATUS PERMIT

☐ 2. FACILITY HAS A FINAL PERMIT

## III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its capacity) in the space provided on the (Section III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.

2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the unit measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	
LITERS	L	TONS PER HOUR	D	HECTARE-METER	
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)					1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)		
X-1	S 0 2	600	G			5					
X-2	T 0 3	20	E			6					
1	S 0 2	9,036,090	G			7					
2	T 0 1	40,000	U			8					
3	T 0 4	100,000	U			9					
4						10					



### III. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "T04") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY

T04 - Centrifuge and or belt press/filtration - 100 gpm

### IV. DESCRIPTION OF DANGEROUS WASTES

- A. **DANGEROUS WASTE NUMBER** — Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS .....	P	KILOGRAMS .....	K
TONS .....	T	METRIC TONS .....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above, (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

##### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form

**NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER** — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

- Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

**EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above



NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (enter from page 1)

WAD000812917

## IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	K048	2000	T	S02 T01 T04	Centrifuge/Filtration
2	K049	2000	T	S02 T01 T04	" "
3	K050	500	T	S02 T01 T04	" "
4	K051	500	T	S02 T01 T04	" "
5	K052	500	T	S02 T01 T04	" "
6	D001	500	T	S02 T01 T04	" "
7	D002	2000	T	S02 T01 T04	" "
8	D003	500	T	S02 T01 T04	" "
9	D004	500	T	S02 T01 T04	" "
10	D005	500	T	S02 T01 T04	" "
11	D006	500	T	S02 T01 T04	" "
12	D007	15000	T	S02 T01 T04	" "
13	D008	500	T	S02 T01 T04	" "
14	D009	500	T	S02 T01 T04	" "
15	D010	500	T	S02 T01 T04	" "
16	D011	500	T	S02 T01 T04	" "
17	F001	500	T	S02 T01 T04	" "
18	F002	500	T	S02 T01 T04	" "
19	F003	500	T	S02 T01 T04	" "
20	F030	25,000	T	S01 T01 T04	Blending or Mixing
21	W001	500	T	S02 T01 T04	Centrifuge/Filtration
22	W T02	3,500	T	S01 T01 T04	" "
23					
24					
25					
26					

## IV. DESCRIPTION OF DANGEROUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4 7 3 8 0 8 N

LONGITUDE (degrees, minutes, &amp; seconds)

1 2 2 2 2 5 0 W

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

P O R T O F S E A T T L E

2. PHONE NO. (area code &amp; no.)

2 0 6 3 8 2 3 1 7

3. STREET OR P.O. BOX

P O B O X 1 2 0 9

4. CITY OR TOWN

S E A T T L E

5. ST.

W A

6. ZIP CODE

9 8 1 1 1

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

FRANK CLARK

SIGNATURE

Frank Clark

DATE SIGNED

5-27-86

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

RONALD S. WEST

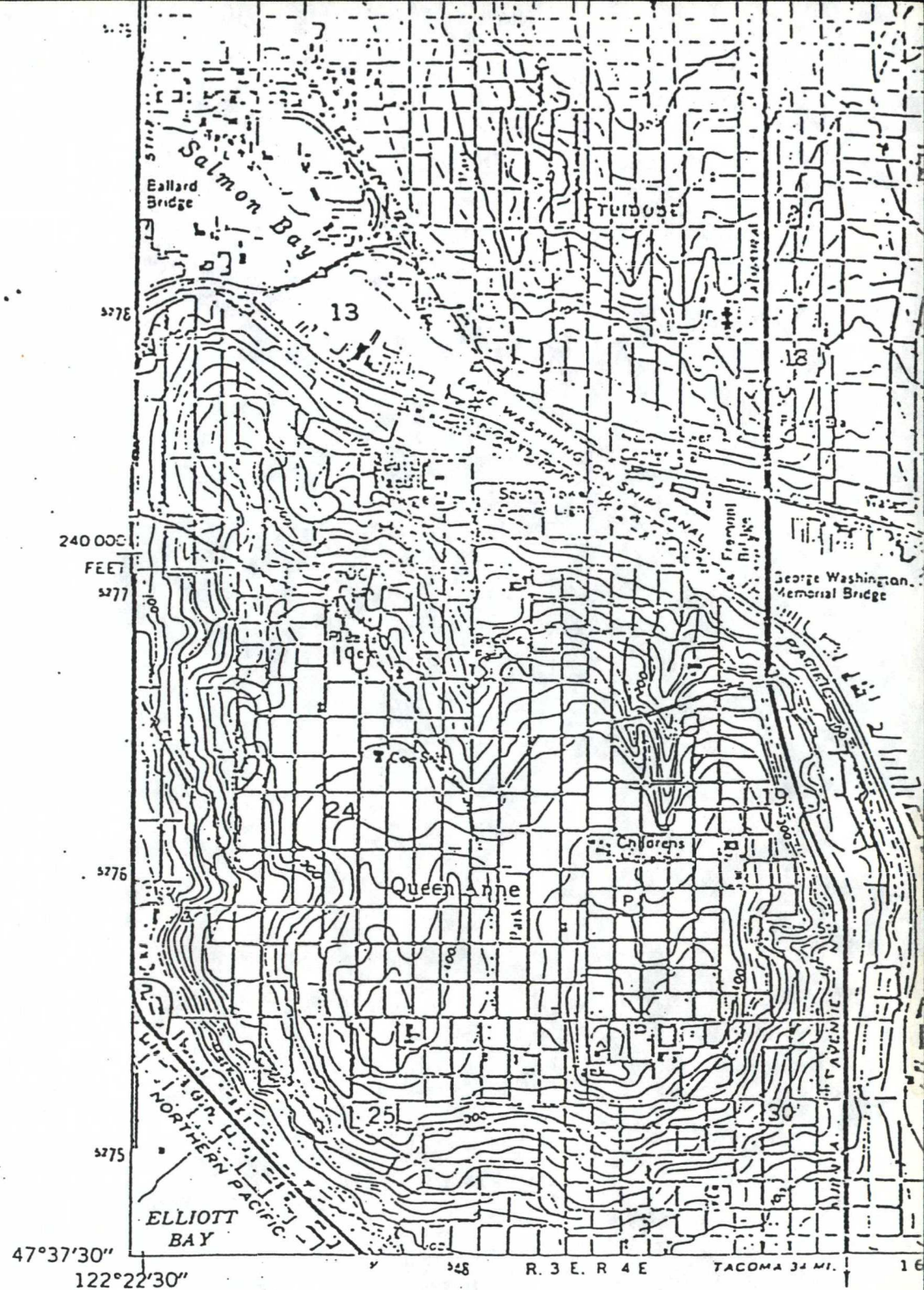
SIGNATURE

Ronald S. West

DATE SIGNED

2/19/86





(OUWAMISH HEAD)  
 1579 III SW

Mapped by the Army Map Service  
 Published for civil use by the Geological Survey

Control by USC&GS and King County Engineer office

Topography from aerial photographs by multiplex methods  
 Aerial photographs taken 1943. Field check 1949

Polyconic projection. 1927 North American datum  
 10,000-foot grid based on Washington coordinate system,  
 north zone

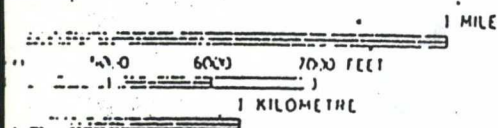
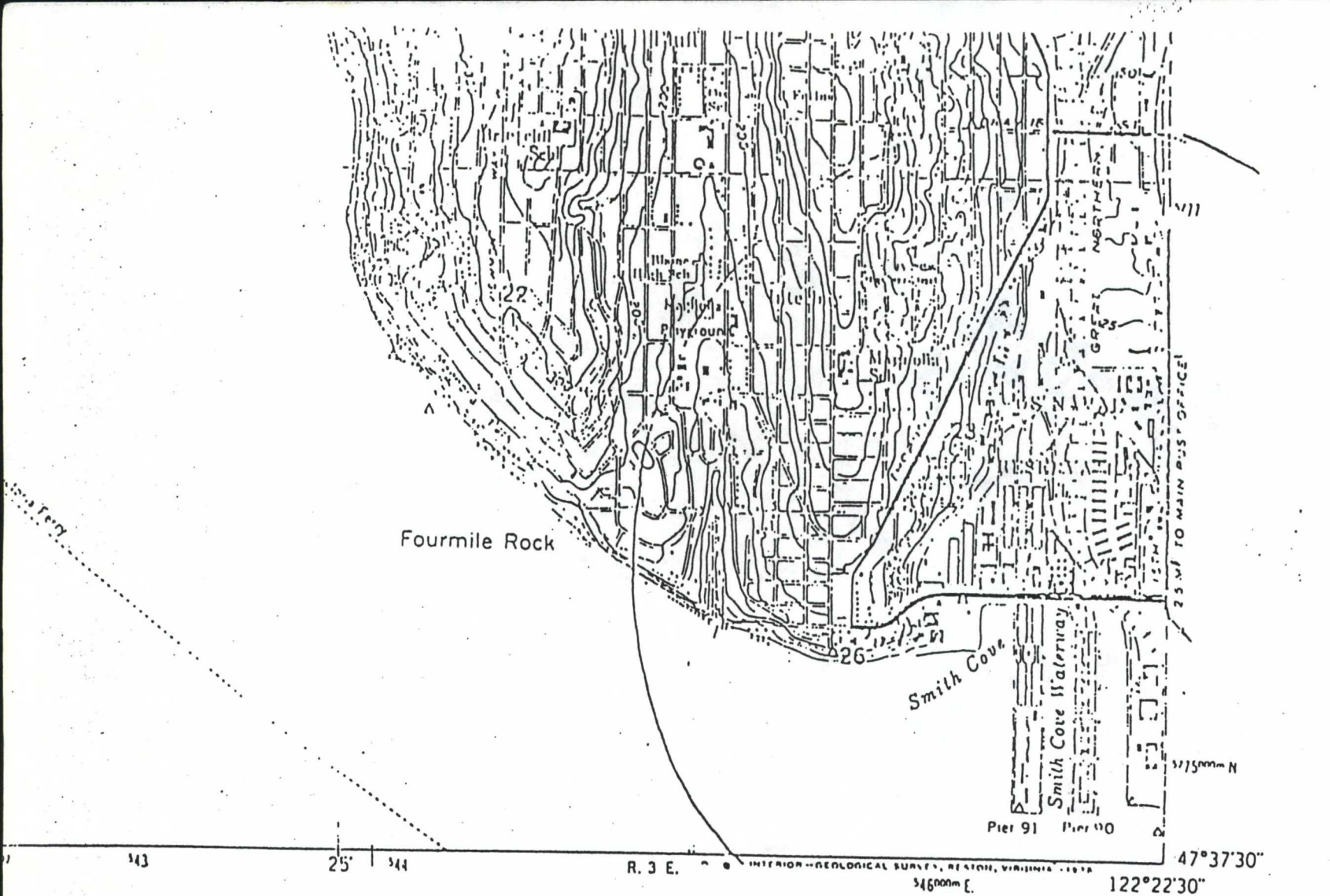
1000-meter Universal Transverse Mercator grid ticks,  
 zone 10, shown in blue

Red tint indicates areas in which only  
 land-train buildings are shown

No distinction is made between barns, dwellings,  
 commercial and industrial buildings

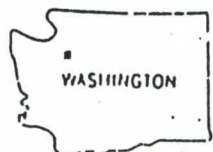
UTM GRID AND 1968 MAGNETIC  
 DECLINATION AT CENTER





ROAD CLASSIFICATION

Heavy-duty	—————	Light-duty	—————
Medium duty	—————	Unimproved dirt	.....



QUADRANGLE LOCATION

SHILSHOLE BAY, WASH.  
N4737.5-W12222 5/7 5

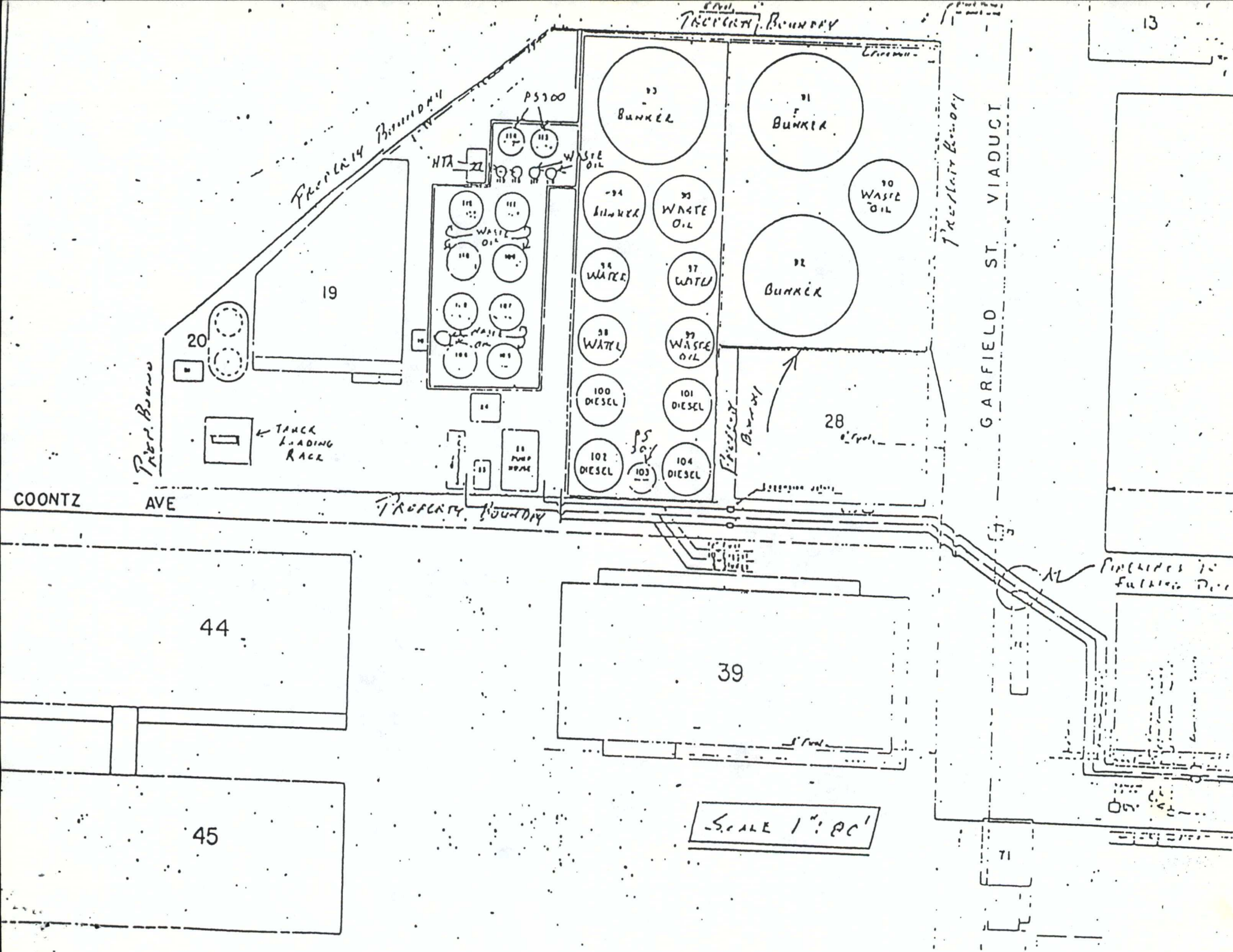
1949

AMS 1529 III NW SCHEM 180

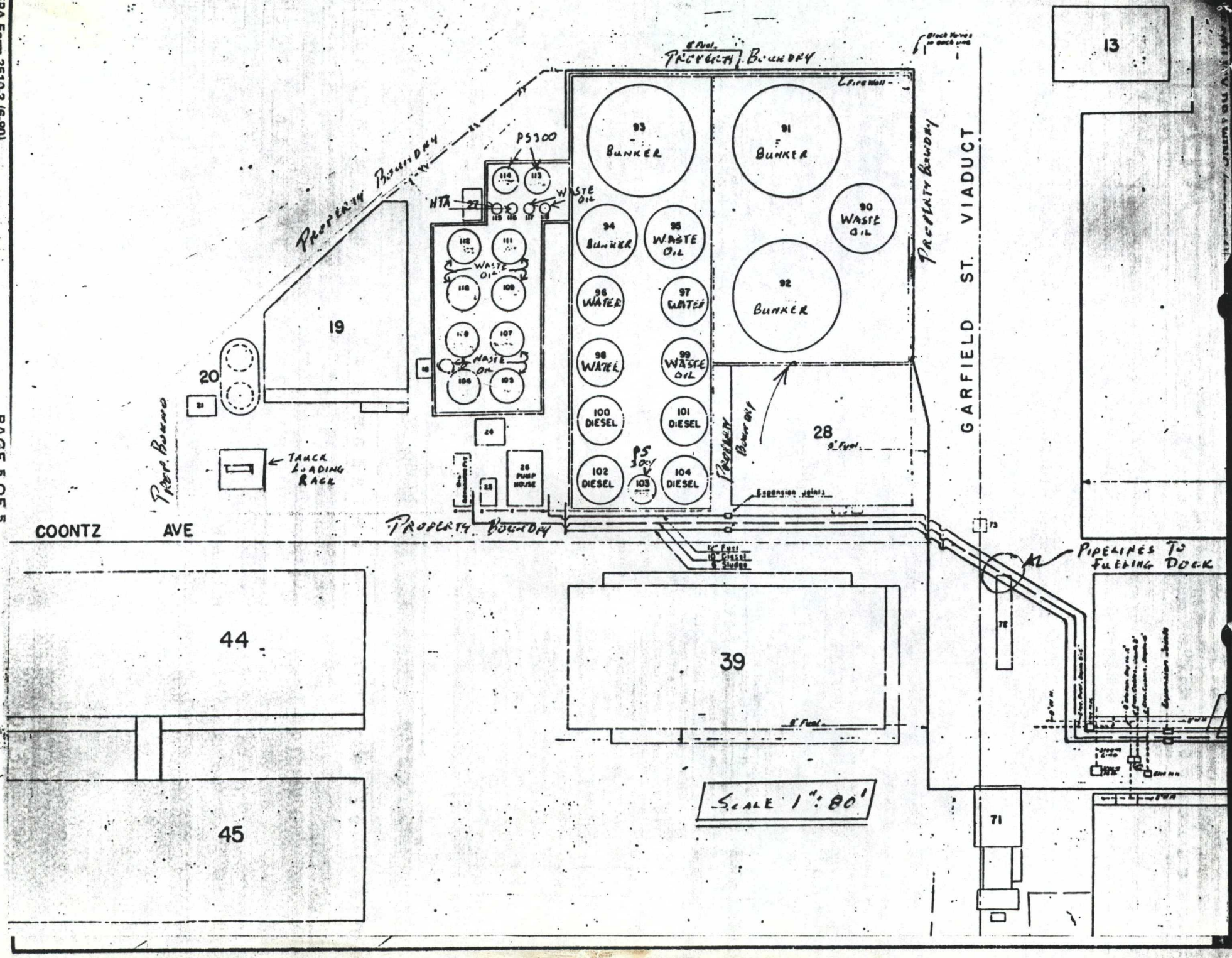
FILED  
OF 1929  
OF MEAN HIGH WATER  
OF 1929  
A. C. H. B. STANDARDS  
NO. 225, OR RESTON, VIRGINIA 22092  
IS AVAILABLE ON REQUEST

(SEATTLE SOUTH)  
1529 III SE











FORM

1

State of  
Washington  
Department  
of Ecology

WASHINGTON STATE

## DANGEROUS WASTE PERMIT GENERAL INFORMATION

(Read "Form 1 Instructions" before starting)

I. EPA/STATE I.D. NUMBER

W A D 0 0 0 8 1 2 9 1 7

## II. NAME OF FACILITY

CHEMICAL PROCESSORS INC

## III. FACILITY CONTACT

A. NAME &amp; TITLE (last, first, &amp; title)

B. PHONE (area code &amp; no.)

STEFANI DENNIS MGR REGULATORY AFFAIRS 206 767 0350

## IV. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

5501 AIRPORT WAY SOUTH

B. CITY OR TOWN

C. STATE

D. ZIP CODE

SEATTLE

WA

98108

## V. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

PIER 91

B. COUNTY NAME

KING

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE  
(if known)

SEATTLE

WA

98119

## IV. SIC CODES (4-digit, in order of priority)

A. FIRST

B. SECOND

2911

(specify)

OIL REPROCESSING

(specify)

C. THIRD

D. FOURTH

(specify)

(specify)

## VII. OPERATOR INFORMATION

A. NAME

CHEMICAL PROCESOR INC

B. Is the name listed in  
Item VII-A also the  
owner?☐ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

D. PHONE (area code &amp; no.)

F = FEDERAL  
S = STATE  
P = PRIVATEM = PUBLIC (other than federal or state)  
O = OTHER (specify)

P

(specify)

206 767 0350

E. STREET OR P.O. BOX

5501 AIRPORT WAY SOUTH

F. CITY OR TOWN

G. STATE

H. ZIP CODE

## VIII. INDIAN LAND

SEATTLE

WA

98108

Is the facility located on Indian lands?

☐ YES☒ NO

COMPLETE BACK PAGE

**IX. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**X. NATURE OF BUSINESS (provide a brief description)**

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment reusable oil is reclaimed by separating the impurities. In addition liquid wastes containing low concentrations of heavy metals and other low concentration hazardous waste contaminated liquids are treated to remove or destroy the contaminants.

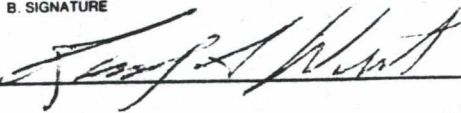
**XI. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME &amp; OFFICIAL TITLE (type or print)

Ronald S. West, President

B. SIGNATURE



C. DATE SIGNED

4/30/84



<b>FORM 3</b>		<b>DANGEROUS WASTE PERMIT APPLICATION</b>		<b>I. EPA/STATE I.D. NUMBER</b> W A D 0 0 0 8 1 2 9 1 7					
<b>FOR OFFICIAL USE ONLY</b>									
APPLICATION APPROVED		DATE RECEIVED (mo., day & yr.)		COMMENTS					
<b>II. FIRST OR REVISED APPLICATION</b>									
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above									
<b>A. FIRST APPLICATION (place an "X" below and provide the appropriate date)</b>									
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)			<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)						
MO DAY YR. FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)			MO DAY YR. FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN						
<b>B. REVISED APPLICATION (place an "X" below and complete Section I above)</b>									
<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT			<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT						
<b>III. PROCESSES — CODES AND DESIGN CAPACITIES</b>									
<b>A. PROCESS CODE</b> — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).									
<b>B. PROCESS DESIGN CAPACITY</b> — For each code entered in column A enter the capacity of the process.									
<b>1. AMOUNT</b> — Enter the amount.									
<b>2. UNIT OF MEASURE</b> — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.									
PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY				
<b>Storage:</b>			<b>Treatment:</b>						
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY				
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY				
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR				
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY				
<b>Disposal:</b>									
INJECTION WELL	D80	GALLONS OR LITERS							
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER							
LAND APPLICATION	D82	ACRES OR HECTARES							
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY							
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS							
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE				
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A				
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F				
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B				
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q				
GALLONS PER DAY	U	LITERS PER HOUR	H						
<b>EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.</b>									
N U M B E R	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	N U M B E R	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	9,036,090	G		7				
2	T 0 1	40,000	U		8				
3					9				
4					10				



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF DANGEROUS WASTES**

- A. DANGEROUS WASTE NUMBER** — Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS .....	P	KILOGRAMS .....	K
TONS .....	T	METRIC TONS .....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed dangerous waste:** For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed dangerous wastes:** For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER** — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

- Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

**EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (enter from page 1)

WAD 000812917

## IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K 0 4 9	2000	T	S 0 2 T 0 1	
2	K 0 5 0	500	T	S 0 2 T 0 1	
3	K 0 5 1	500	T	S 0 2 T 0 1	
4	K 0 5 2	500	T	S 0 2 T 0 1	
5	P 1 1 0	500	T	S 0 2 T 0 1	
6	U 1 8 8	8000	T	S 0 2 T 0 1	
7	U 0 5 1	500	T	S 0 2 T 0 1	
8	U 0 5 2	500	T	S 0 2 T 0 1	
9	U 0 5 3	500	T	S 0 2 T 0 1	
10	U 1 9 7	500	T	S 0 2 T 0 1	
11	D 0 0 1	500	T	S 0 2 T 0 1	
12	D 0 0 2	2000	T	S 0 2 T 0 1	
13	D 0 0 3	500	T	S 0 2 T 0 1	
14	D 0 0 4	500	T	S 0 2 T 0 1	
15	D 0 0 5	500	T	S 0 2 T 0 1	
16	D 0 0 6	500	T	S 0 2 T 0 1	
17	D 0 0 7	15000	T	S 0 2 T 0 1	
18	D 0 0 8	500	T	S 0 2 T 0 1	
19	D 0 0 9	500	T	S 0 2 T 0 1	
20	D 0 1 0	500	T	S 0 2 T 0 1	
21	D 0 1 1	500	T	S 0 2 T 0 1	
22	U 1 8 8	500	T	S 0 2 T 0 1	
23	U 1 2 2	500	T	S 0 2 T 0 1	
24	F 0 0 1	500	T	S 0 2 T 0 1	
25	F 0 0 2	500	T	S 0 2 T 0 1	
26	F 0 0 3	500	T	S 0 2 T 0 1	



**IV. DESCRIPTION OF DANGEROUS WASTES (continued)**

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground—level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

47 38 08 N

122 22 50 W

**VIII. FACILITY OWNER**☒ A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

CHEMICAL PROCESSORS, INC.

206 767 0350

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

5501 AIRPORT WAY SO SEATTLE

WA

98108

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

RECORD OF  
COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE  
☐ OTHER (SPECIFY)

(Record of item checked above)

TO: DENNIS Stefani - Chempco  
Dave Saunders, WDSB

FROM: Betty Wiese

DATE 5/2/84

TIME AM

SUBJECT

Permit application signatures owner - follow-up

SUMMARY OF COMMUNICATION

to share follow-up info obtained:

1) facility means the land + fixtures by 260 definition. So when applying ownership must consider the land as well as equipment.

\* In other situations in the region there have been circumstances similar to Chempco's. We have held the line on requiring land owner signature on Permit application.

Dennis says Pot also owns tanks - Chempco only leases those. I said I'm sure then the Pot is considered owner.

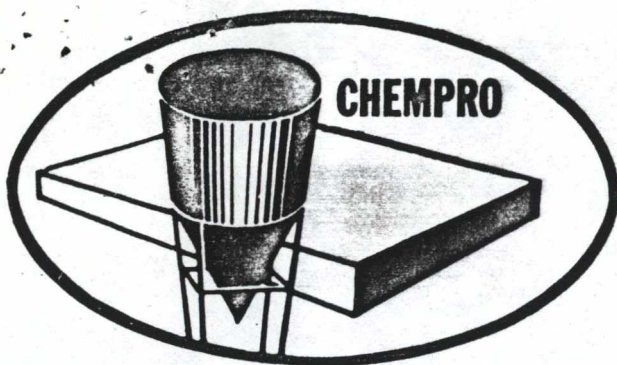
CONCLUSIONS, ACTION TAKEN OR REQUIRED

Dennis expects to hear from their attorney + experts they'll come to same conclusion. Will then work on getting Pot's signature.

INFORMATION COPIES

TO: P:W 91 Part A file





**CHEMICAL PROCESSORS, INC.**

5501 AIRPORT WAY SO.  
SEATTLE, WASHINGTON 98108

PHONE: (206) 767-0350

May 1, 1984

RECEIVED

MAY - 1 1984

Washington Department of Ecology  
Hazardous Waste Section  
MS/PV-11  
Olympia, WA 98504

WASTE MANAGEMENT BRANCH

Attn: David Saunders

Dear Mr. Saunders:

Enclosed is a revised Part A application for the Chemical Processors Pier 91 facility in Seattle. As we discussed on the telephone, there is a question as to who is the legal owner of our Pier 91 facility, since we lease it from the Port of Seattle.

I discussed this issue with Betty Wiese of the Environmental Protection Agency. Based upon the November 10, 1980, EPA guidance on the definition of ownership under RCRA, we were unable to definitely resolve the question since it appears to be impacted by Washington State laws regarding legal rights and responsibilities of lease holders. Therefore, I am referring the matter to our attorney for an interpretation as to how we are affected.

Pending resolution of this issue, we have decided to send in a revised Part A with Chemical Processors listed as the owner in order that an up to date Part A be on file right away. If our attorney determines that the Port of Seattle needs to sign the Part A as owner, we will obtain that signature as soon as possible and send in a revised form with the revised signatures.

If you or Ms. Wiese have any questions, please contact me at 767-0350.

Sincerely,

Dennis Stefani  
Manager Regulatory Affairs

cc: Betty Wiese, EPA

Enclosures